U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U- 1003/

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004 |

4. Name, file number, and address of labor organization.

Name Robert P Horst	Name IUOE Local 77
	Labor Organization File Number 024-845
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4546 Brittania Way	Street 4546 Brittania Way
City Suitland	City Suitland
State Maryland ZIP Code + 4 20746-4209	State Maryland ZIP Code + 4 20746-4209
5. Position in labor organization. Business Manager	
Enter appropriate data below If, during the past fiscal year, you or your spous	se or minor child directly or indirectly had any of the following interests
(except as specified in the exclusion	· · · · · · · · · · · · · · · · · · ·
A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization	erived income or other economic benefit of n represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signat	ure
15. Signature and verification. The undersigned declares, under penalty of Pesubmitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section	g documents), has been examined by the signatory and is, to the best of the
Signed Will A M	On 8-12-05 301-899-6900
	Date Telephone Number

Name of Person Filing Robert Horst	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with:		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Voyager Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 100 S. Fifth Street, Suite 2300 City Minneapolis State Minnesota ZIP Code + 4 55402-1240	14.a. Nature of payment. 9/27/04 - 6 Redskins Football Tickets		
13.b. Is the Business an Employer 🗶 or Consultant ; ?	14.b. Amount of payment, \$510		

Name of Person Filing Horst	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Wedge Capital	14.a. Nature of payment. 9/16/04 - Golf Outing - Renditions
Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 2920 Street 301 South College Street City Charlotte State North Carolina ZIP Code + 4 28202	
13.b. Is the Business an Employer 🗶 or Consultant ?	14.b. Amount of payment. \$85

Name of Person Filing Robert Horst	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.		
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Clarke & Sampson Trade Name, if any:	14.a. Nature of payment. 8/26/04 - Golf Outing		
P.O. Box, Bldg., Room No., if any Suite 200 Street 228 South Washington Street City Alexandria			
State Virginia ZIP Code + 4 22314-5404	14.b. Amount of payment.		

Name of Person Filing Robert Horst	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	· · · ·		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c, is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name [
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	<u> </u>		
	11.b. Approximate dollar value of such dealing.	1	
City State ZIP Code + 4	12.a. Nature of interest held or income receiv	ed.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Clarke & Sampson	2/18/04 - Mama Stella's Lunch		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suite 200			
Street 228 South Washington Street			
City Alexandria			
State Wirginia ZIP Code + 4 22314-5404			
13.b. Is the Business an Employer 🗶 or Consultant ?	14.b. Amount of payment.	\$16	

Name of Person Filing Robert Horst	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street	i a campioyer		
City			
State ZIP Code + 4	,		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name [
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	12/6/04 - R. Horst & Wife - Jerry's Seafood		
Name (IPS			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suite 100			
Street 7402 Hodgsen Memorial Drive			
City Savannah			
State Georgia ZIP Code + 4 31406	<u> </u>		
13.b. Is the Business an Employer 🗶 or Consultant 🥛 ?	14.b. Amount of payment. \$158		

Name of Person Filing Robert Horst	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code ÷ 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Intech Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 100 Street 2401 PGA Boulevard City Palm Beach	or parts A and B above) or other thing of value. 14.a. Nature of payment. 9/01/04 - Golf Outing- Renditions		
State Florida ZIP Code + 4 33410 13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$86		

Name of Person Filing Robert Horst	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	∫ c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Intech	1/18/04 - R. Horst & Wife - Al Carbone Restaurant- Bal Harbor, FL		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suite 100			
Street 2401 PGA Boulevard			
City Palm Beach Gardens			
State Florida ZIP Code + 4 33410			
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$192		

Name of Person Filing Robert Horst		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizati b. Trust c. Employer 11.a. Nature of such dealin		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street			
City ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Carday Associates Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 100 Street 4600 Powder Mill Road City Beltsville State Maryland ZIP Code + 4 20705	14.a. Nature of payment. 7/19/04 George Sni Outing	der - Business Managers Golf	
13.b. Is the Business an Employer 🗶 or Consultant ?	14.b. Amount of payment.	\$150	

Name of Person Filing Robert Horst	File Num	ber U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionally any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such of the s	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	parts A and B above)	
(including trade name, if any). Name McChesney & Dale Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 222 Street 4000 Mitchellville Road City Bowie State Maryland ZIP Code + 4 20716	6/2/04 Golf Outing - Old	South G.C.
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$80

Name of Person Filling Robert Horst	rile ivumper 0-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	£~~·}	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 1/14/04 - Mama Stella's	
Name RV Koons	T/14/04 - Maila Steffa B	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 2200		
Street 805 SW Broadway		
City Portland		
State Oregon ZIP Code + 4 97205		
13.b. Is the Business an Employer 🗶 or Consultant 🧵 ?	14.b. Amount of payment. \$26	

Name of Person Filing Robert Horst	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from cr selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	, · · · t		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	i i ç. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	·		
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 5/14/04 - Golf Outing - Blue Mash		
Name RV Koons			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suite 2200			
Street 805 SW Broadway			
City Portland			
State Oregon ZIP Code + 4 97205			
13.b. Is the Business an Employer 🗶 or Consultant ?	14.b. Amount of payment. \$76		

Name of Person Filing Robert Horst	F	ile Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	n	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street			
	11.b. Approximate dollar value of	of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held o	ir income received.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	8/18/04 - Mama Stel	la's	
Name RV Koons			
Trade Name, if any:			
P.O. Box, 8ldg., Room No., if any Suite 2200			
Street 805 SW Broadway			
City Portland			
State Oregon ZIP Code + 4 97205			
13.b. Is the Business an Employer 🗶 or Consultant ?	14.b. Amount of payment.	\$30	

Name of Person Filing Robert Horst	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer		
State :			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, B!dg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 9/7/04 - South River Golf Course		
Name RV Koons			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suite 2200			
Street 805 SW Broadway			
City Portland			
State Oregon ZIP Code + 4 97205			
13 b. Is the Business an Employer 🗶 or Consultant 2	14.b. Amount of payment.		

Name of Person Filing Robert Horst		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organiza	tion		
P.O. Box, Bldg., Room No., if any	b. Trust			
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar valu	e of such dealing.	1	
City	12.a. Nature of interest held	d or income received.	· · · · · · · · · · · · · · · · · · ·	
State ZIP Code + 4			Property of the Control of the Contr	
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	12.b. Amount.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
 C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	ın GC- Bldg Trade	es Business	
Name RV Koons	Managers Meeting - Ocean City, MD.	•		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Suite 2200				
Street 805 SW Broadway				
City Portland				
State Oregon ZIP Code + 4 97205				
13.b. Is the Business an Employer ✓ or Consultant ?	14.b. Amount of payment.		\$45	

Name of Person Filing Robert Horst	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a, Labor Organization b, Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	, c. cimpoyor		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name RV Koons	10/6/04 - Tuti Gusfi - Business Managers Meeting - Ocean City, MD.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suite 2200			
Street 805 SW Broadway			
City Portland			
State Oregon ZIP Code + 4 97205			
13.b. Is the Business an Employer 🗶 or Consultant 🥛 ?	14.b. Amount of payment. \$71		

Name of Person Filing Robert Horst	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street City	
State ZIP Code + 4	
10, If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and 3 above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 10/7/04 Beach Club - Golf Outing - Bldg Trades-
Name RV Koons	Business Manager - Ocean City, MD
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 2200	
Street 805 SW Broadway City Portland	
State Oregon ZIP Code + 4 97205	
13.b. Is the Business an Employer 🔏 or Consultant ?	14.b. Amount of payment. \$67

Name of Person Filing Robert Horst	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name RV Koons Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 2200 Street 805 SW Broadway City Portland State Oregon ZIP Code + 4 97205	12/13/04 - Mama Stella's 14.b. Amount of payment.
13.b. Is the Business an Employer 🗶 or Consultant ?	\$26